


# NHB/NMRTC Bremerton *Caduceus*

## *A Monthly Recap of info, insight & issues for January, 2021*




### The Whys Have It – Getting the COVID-19 Vaccine Explained



**‘I got the COVID-19 Vaccine because...**

*“It was the right thing to do. I want to help and do my part in stopping this pandemic that has taken so many lives.”*  
-- Hospital Corpsman 3<sup>rd</sup> Class Mervin Cuevas, NMRTC Bremerton Labor and Delivery department.



**defend yourself, safeguard family and friends, protect co-workers, defeat the virus - It Takes All Of Us!**

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer – It was back in the early days of the current ongoing pandemic outbreak that Hospital Corpsman 3rd Class Megan Schnell experienced the cruel devastation of COVID-19.

Schnell lost a close relative to the coronavirus, not just an unknown statistic among the more than 365,000 – and counting – deaths attributed to the virus.

It was a heartbreaking passing for her entire family.


When the opportunity to receive the COVID-19 vaccine became available, she readily received the first of her two doses at Navy Medicine Readiness and Training Command (NMRTC) Bremerton.

“I chose to get vaccinated because I recently lost my uncle to COVID-19. His passing really hurt our family. We were not able to see him and give him a real goodbye. This was back when the virus was brand new and was not as understood as it is now. I see how lucky I am to be one of the first to get the vaccine, and I am grateful,” said Schnell, with NMRTC Bremerton Family Medicine Team 3.


Whether from tragic loss, a longing for normalcy, or selfless support of others, Sailors are volunteering to receive the COVID-19 vaccine.

“I got the COVID-19 Vaccine to help slow the spread of COVID-19 and protect myself and my family,” shared Hospitalman Ellison Robinson, NMRTC Bremerton Labor and Delivery department.

In conjunction with the Centers for Disease Control and Prevention (CDC), the Department of Defense (DoD) distribution plan for administering the vaccine at military medical treatment facilities like NMRTC Bremerton



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After getting an initial shipment Dec. 22, 2020, of the Moderna COVID-19 vaccine that received emergency use authorization (EUA) from the U.S. Food and Drug Administration, NMRTC Bremerton began administering the vaccinations the day after, Dec. 23, 2020.

“I got the COVID-19 vaccine because it was the right thing to do. I want to help do my part in stopping this pandemic that has taken so many lives,” stated Hospital Corpsman 3rd Class Mervén Cuevas, NMRTC Bremerton Labor and Delivery department.

calls for prioritizing through a phased approach to vaccinate all active duty and reserve components, TRICARE Prime and TRICARE Select beneficiaries, and select DoD civilians and contract personnel authorized to receive immunizations from DoD.

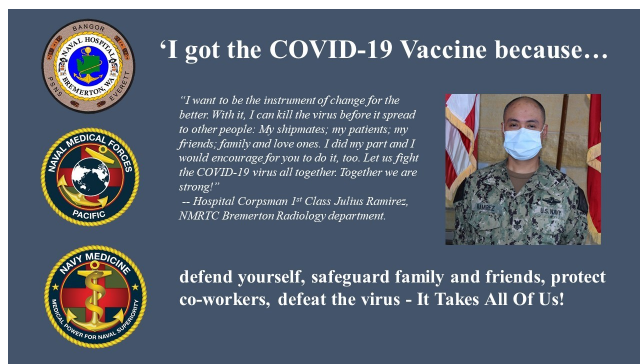
“I want to be the instrument of change for the better. With it, I can kill the virus before it spreads to others: my shipmates; my patients; my friends; family and love ones. I did my part and I would encourage for you to do it, too. Let us fight the COVID-19 virus all together. Together we are strong,” stressed Hospital Corpsman 1st Class Julius Ramirez, with Radiology department.

Initial doses of the vaccine were given to frontline health care workers such as NMRTC Bremerton hospital corpsmen, along with other first responders, including emergency medical services personnel, security forces, and other essential personnel.

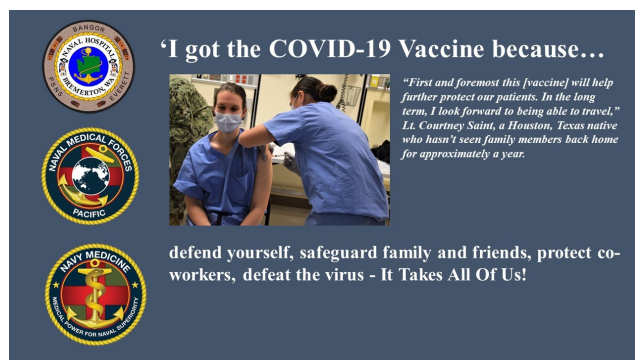


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“I got the COVID-19 vaccine because I want things to back to being normal. I miss eating out and socializing with friends,” related Hospitalman Ana Davalos, assigned to NMRTC Bremerton Family Medicine department.



Although getting the vaccine is voluntary, all DoD personnel are being encouraged to get it to protect their health, their families and their community.

“I got the COVID-19 vaccine because it is not just about me. It’s about the people that I care about. I do not want to risk the chance

**NHB/NMRTC Bremerton Webpage:**  
<https://bremerton.tricare.mil/>

**NHB/NMRTC Bremerton Official Facebook site:**  
<https://www.facebook.com/naulhospitalbremerton>

**NHB on Defense Video Info Distro Service:**  
<https://www.dvidshub.net/tags/news/nmrtc-bremerton>

**NHB Command Ombudsman:**  
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of my mom potentially getting COVID because I didn’t get the vaccine when I had the chance,” explained Hospital Corpsman 2nd Class Rodney Graham, with NMRTC Bremerton Command Career Counselor office.

During this initial COVID-19 vaccination rollout, there is a limited supply of COVID-19 vaccine(s) with vaccine distribution priorities focused on: health care workers and emergency services personnel; Personnel performing activities associated with critical national capabilities; select deploying individuals; critical and essential support, as well as individuals at the highest risk for developing severe illness from COVID-19.

“I got the COVID-19 vaccine because I want to be able to protect my kids since I’m working the frontlines at a hospital,” added Electronics Technician 1st Class Robert Greenfield, assigned to NMRTC Bremerton Information Management department.

Vaccines will be offered to NMRTC Bremerton patients, including military family members and retirees as more vaccines are available and after prioritized groups and individuals have been vaccinated.

“I got the COVID-19 vaccine because it is hopefully the first step to getting back to normal,” said Hospital Corpsman 2nd Class Jessica Pohl, assigned to Navy Medicine Readiness and Training Unit Bangor.

Yet why should someone voluntarily get the COVID-19 vaccination when the opportunity is available?

“I got the COVID-19 vaccine because if I can do anything to not give COVID to anyone else that could die from getting it, I will do it no matter what,” commented Hospital Corpsman 3rd Class Alison R. Wermager, assigned to NMRTC Bremerton’s Laboratory department.

NMRTC Bremerton public health and popu-



lation health experts attest that getting the vaccine helps anyone not only protect themselves, but also their family, friends and co-workers with an additional layer of protection.

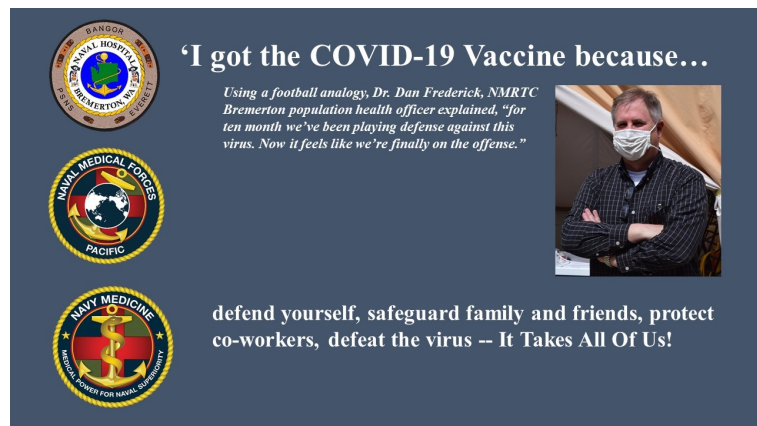
“This vaccine allows us to ensure our staff are as protected as possible as we continue to provide care,” stated Cmdr. Robert Uniszkiewicz, NHB/NMRTC Bremerton public health director and head of the command COVID-19 working group.

The risks involved in getting the vaccine can include such side effects as injection site soreness, headache and fever. There’s also a remote chance that the vaccine could cause a severe allergic reaction. Those with known history of anaphylaxis or of an immediate allergic reaction of any severity to a vaccine or injectable therapy should contact their primary care manager before receiving.

“There are similar symptoms that sometimes are associated with someone getting the annual influenza vaccination,” said Dr. Dan Frederick, NMRTC Bremerton population health officer.

On the flip side, not getting the vaccine also has risk. Anyone can get COVID-19, the disease caused by the coronavirus SARS-CoV-2.

“I got the COVID-19 vaccine because after seeing the few amount of bad reactions from it, I felt confident it will be effective and help bring down COVID cases, and hopefully can help to stop the spread,” said Logistics Specialist 2nd Class (Surface Warfare/Air Warfare qualified) Robert Massena, NMRTC Bremerton Material Management.



COVID-19 symptoms may include fever or chills, shortness of breath, fatigue, muscle or body aches, headache, sore throat, nausea or vomiting, diarrhea, cough, and even loss of taste and/or smell. The respiratory illness can – and has – affected other organs such as causing heart failure and strokes. Even in young people. People who have had COVID-19 report a wide range of symptoms – ranging from mild to severe. Some suffer for several weeks to months after an infection with weakness, fatigue and shortness of breath.

“I got the COVID-19 vaccine because I do have a family and would like to protect them. Any chance to limit the spread of the virus, we should all take part in,” noted Hospitalman (Surface Warfare qualified) Tibault Swanson, with NMRTC Bremerton Family Practice.

NMRTC Bremerton leadership still advocate that even after vaccination, there is still a need be remain vigilant in following public health guidance and mitigation strategies, such as staying home when sick, frequent hand washing, practicing physical distancing, and wearing face coverings when appropriate to protect everyone’s safety.

“I got the COVID-19 vaccine because I want to take my kids to Disneyland again,” Hospital Corpsman 3rd Class Dorothy R. Ayres, with NMRTC Bremerton Family Medicine Team 1.

## **I am Navy Medicine – and Pedal Power – Karl Agee, Certified Industrial Hygienist**

*As related to Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer* – As a certified industrial hygienist, Karl Agee has a broad scope of responsibilities, which include anticipation, recognition, evaluation, control and management of occupational hazards.

Those same qualities could also describe how he managed to meet the lofty goal of cycling over 2,020 miles – actually 2,042 – in 2,020, for an average of approximately 170 miles a month.



A bicyclist has to anticipate all likely conditions along a chosen route, recognize any potential pitfalls, evaluate the way ahead, control the bicycle and manage possible risks.

Even deal with the elements in the Pacific Northwest.

Agee managed to surpass his monthly average in November, where the average precipitation rendered many outdoor sporting activities – even during the ongoing pandemic outbreak – a soggy commitment which few were willing to engage. He logged 179 miles in what he refers to as ‘Wetvember.’

“Ideally I ride on the road, 30-60 miles per week in good weather. Winter is difficult unless weekend weather is good,” said Agee, adding that when bicycling in inclement weather, a good reference is Rule #9 of the Velominati, a tongue in cheek quirky group of dedicated cycling enthusiasts.

“If you are out riding in bad weather, it means you are a badass. Period. Fair-weather riding is a luxury reserved for Sunday afternoons and wide boulevards. Those who ride in foul weather – be it cold, wet, or inordinately hot – are members of a special club of riders who, on the morning of a big ride, pull back the curtain to check the weather and, upon seeing rain falling from the skies, allow a wry smile to spread across their face. This is a rider who loves the work,” quoted Agee from the group’s charter.

Agee has been in his chosen profession of industrial hygiene for 40 years, and has worked at Naval Hospital Bremerton since 2012. His pastime for pedaling predates his specialized career by a few years and many miles. All the way back to his preschool days.

“From what I can remember, when I was two or three, my parents gave me a tricycle. I took off riding around our large neighborhood for very long periods. My mom got worried and upset that I was not back, and she went looking for me. But I got back home before she did! I did that a few times and she stopped worrying,” Agee recalled.

From those early memories to today, Agee has expanded his cycling to lengthy routes from roadways to roadside to rutted trails.

“Mostly I ride a road bike - I have two - and one that can be ridden on the road and other surfaces. I bought a gravel bike this year that is extremely versatile. It can be ridden on the road, on gravel or dirt roads and trails, and ‘flowy single track’ which is hiking trails, where allowed.

It is my winter road bike this year as well as on trails and gravel. All you need to do is swap out wheels with different tires for different surfaces,” explained Agee.

As those who live anywhere on the Kitsap Peninsula can attest, the hilly terrain can be taxing to any bicyclist, let alone walker, runner, hiker, or stroller. When asked the most challenging aspect of cycling in this area, Agee replied, “Kitsap Hills. Only way to deal with them is to ride them, ride them, ride them, and have the right gearing. And keeping up with my riding compan-



ions! I am slow.”

The longest ride Agee has done is the Ride from Seattle to Vancouver & Party (RSVP), a two-days, 175-plus course held over the course of the summer.

“The first day was 106 miles, from Seattle to Bellingham,” Agee recalled, noting that other popular multi-cyclist events like the Seattle to Portland and Chilly Hilly on Bainbridge Island are events he hasn’t gotten to, yet.

For those who are thinking about taking up the sport, Agee offers a few words of advice.

“You have to decide what you want out of cycling. If you want a round-town city bike, what are called fitness bikes that have flat handlebars and upright are good,” he explained. “If you want to go long distances, maybe touring, then you need a sturdy bike that can carry luggage. If you want to ride roads, go fast and up hills, then a lightweight road bike is the right choice. If you want to do tricky trails and jumps then a mountain bike will do. There is a wide spectrum of those depending on how serious and technical you want to be. If you want a great all-around bike for the road, trails, gravel and dirt roads and even long distances then the new genre of gravel bikes is perfect. If you want to commute, then you have to look at a sturdy bike that you can mount bags and maybe racks, similar to a touring bike. Or consider an e-bike. Then you have to decide how much you can spend, keeping in mind you will need accessories such as a helmet, pedals and shoes, lights, padded shorts, glasses, gloves and other clothing depending on when you ride and how much. There are a huge variety of bikes available. One should talk with a friend who knows bikes and a bike shop.”

Even if the winter weather is foreboding and availability to use the base gym or local fitness center is (still) curtailed, there are indoor options for a bicyclist, such as using a turbo trainer.



# From Kitsap to Kandahar— and Back Again

By Douglas H Stutz, NHB/NMTRC Bremerton public affairs officer -- The weathered block of wood, little more a worn signpost, was a stark reminder that home was more than 6,900 miles away.

It withstood battering from the elements, survived Taliban rocket attacks, and endured turbulent winds of change.

It became hardened and toughened.

As the men and women from Naval Hospital Bremerton (NHB) also did during their time deployed those thousands of miles away in southern Afghanistan.

The faded marker has finally returned home, along with all NHB staff members from down range.



*Sign of the times...The worn signpost was a stark reminder that it's 6,933 miles from NHB to the NATO Role 3 Multinational Medical Unit at Kandahar Airfield, where approximately 135 staff members from NHB, deployed serving at what was the Navy's longest serving combat casualty hospital from 2009 to 2020. Hospital Corpsman 1st Class Isaac Kargbo was in his second tour at NHB when he deployed down range from October, 2019 to June, 2020. Under Navy Medicine leadership, decisive, sustained trauma and casualty care was continually provided by staff like Kargbo to those in need, many also far from home. The 98 percent casualty survival rate meant that more battlefield casualties than ever before survived to make it home. That old worn signpost made it back, too. Along with Kargbo and every other battle-tested man and woman from NHB, although perhaps a bit more weathered than before (Official Navy photo by DH Stutz, NHB PAO)*

For over a decade, a steady stream of Navy Medicine personnel have manned the NATO Role 3 Multinational Medical Unit (MMU) at Kandahar Airfield (KAF).

They provided sustained trauma and casualty care during Operation Enduring Freedom, the U.S.-led response for the global war on terrorism targeting Al Qaeda and Taliban in Afghanistan. They did the same supporting Operation Freedom's Sentinel and Resolute Support Mission, both NATO-led missions to train, advise and assist the Afghan National Defense and Security Forces and institutions, as well as conduct counterterrorism operations in the country.

The initial Navy rotation – dubbed Bravo - took command in 2009. The 22<sup>nd</sup> and last rotation – designated Whiskey – turned over MMU responsibility September, 2020. Thus concluded more than ten years deployed in the war-ravaged country at what



was the Navy's longest serving combat casualty hospital.

Over the years under Navy leadership, NHB sent approximately 135 staff members to support the mission, with everyone returning.

For Senior Chief Hospital Corpsman Cameron Wink, the last Navy command senior enlisted (CSEA) leader at the MMU, his time there provided a symbolic career contrast, from being amongst the first in one combat zone to then one of the last out in another theater of war.

Wink was at the forefront in 2003 with the Marines 1st Light Armored Reconnaissance Battalion on the opening days of Operation Iraqi

Freedom (OIF), which took him on the initial push north from Kuwait up to Saddam Hussein's home town of Tikrit.

His time down range had him metaphorically helping to close the door and hand over the key after a job well done.



"Being the CSEA, it was a phenomenal experience. Working with NATO and joint services to provide the absolute 'best care, anywhere' was definitely a highlight of my career! We had an amazing team," said Wink, candidly adding that there really was no resemblance to his time during the early days of OIF.

"No comparison. The Role 3 was such an amazing facility the Navy has owned! The best part was the team work. We took Sailors from 16 active duty commands and 32 Navy operational support centers and they all came together, even during COVID-19, to perform the way they did. It was amazing," exclaimed Wink.

Prior to the Navy, the KAF medical facility served as a central casualty receiving location for NATO forces beginning in 2002. The U.S. Army ran a combat support hospital until 2006, when Canada took responsibility as lead nation for the facility that was updated to Role 3 capability.

The term 'Role' describes the tiers in which medical support is organized, with Role 3 describing the capabilities of a theater-level hospital. During the Navy's deployment, the Role 3 MMU included capabilities such as specialist diagnostic resources, specialist surgical and medical capabilities, preventive medicine, food inspection, dentistry, and operational stress man-



agement teams.

*Added Note: Role 1 refers to emergency medical care in the field, historically handled by independent duty corpsmen. Role 2 has been traditionally defined as a battalion aid station, where the wounded are linked up with a nurse and physician in the chain of evacuation. Landstuhl is the largest American hospital outside the United States and an example of a Role 4 facility. Role 5 sites are rehabilitation facilities stateside such as Walter Reed National Military Medical Center.*

Navy Hospital Corpsman Chief Julie Sanchez had the unique experience of receiving her chief petty officer (CPO) anchors when deployed in 2009 to the Canadian-led Role 3 MMU. She became part of a truly joint medical command environment with personnel from Australia, Britain, Denmark, The Netherlands, New Zealand, and U.S. Army and Air Force assets.

The CPO Induction process was added to Sanchez's already long-day duties as shift supervisor for the Primary Care clinic and as a member of the first trauma team established for urgent surgical needs. The hospital and clinic were both in tents located next to the deafening, non-stop flight line for quick receiving of inbound critically wounded and also to transport patients out of theater via medical evacuation.

KAF, located approximately 10 miles from Kandahar, the second largest city in the country, had become a vitally important NATO air base for conducting operations in the south and east of the country against the Taliban.

“A normal day was to expect any number of traumas (cases) flown in from all over southern Afghanistan,” said Sanchez. “As a trauma team member, I helped to handle and treat a lot of critically wounded combat casualties that are mostly from blast injuries and gunshot wounds.”

When recently asked on her experiences during that bygone deployment, Sanchez replied, “What was most gratifying was saving as many lives as we possibly could. Navy Medicine was huge in supporting the Global War on Terrorism.”

The early years of the Role 3 MMU under Navy leadership continued the crucial responsibility of handling devastating injuries at what became one of the busiest trauma centers in the world.

Compiled data from those early years show the Canadian era from 2006 to 2009 – 44 months – cared for 4,134 patients and did 6,735 procedures. From the middle of October, 2009 to the end of April, 2012, the Navy – active duty and reserve components - treated approximately 2,100 patients per year.

In 2011, a trio of Sailors from NHB were recognized, back-to-back-to-back, as junior service member(s) of the month for their efforts.

Chief Hospital Corpsman selectee Bryce Moheit was a young third class petty officer when he was acknowledged for his performance as a surgical technician in the Operating Room (OR) following Hospitalman Andrew Brown for his work in the Intermediate Care Ward, and HM3 Levi Arcaira for his contributions in the Urgent Care Unit.

“Just being part of our international team that delivered the kind of care we did, and had a 98 percent casualty survival rate even when dealing with injuries from improvised explosive de-

vices (IED) and gunshot wounds, made me proud,” said Moheit, a Tennessee native, surgical technician.

*Moheit’s role as a surgical tech had him readying all instruments and equipment for any OR case, many times with little or no notice beforehand. Fighting persisted against the Taliban not just in the Kandahar region. Casualties’ arrived from near and far battlefields. Local Afghans also sought treatment for a host of ailments.*

*“Most of the time we had six to nine cases on the board for the morning shift. We took care of a lot of local nationals as well as coalition forces,” said Moheit.*

*Reminiscences linger of his time spend in the midst of that protracted conflict.*

*“Most gratifying was when a service member got the chance to evacuate home. It meant that we did all we could. Most challenging was losing someone no matter how much of your soul you poured into the case. The most memorable was the people. The friendships and memories changed me as a Sailor, medical professional and person,” Moheit said.*

When the weather warmed from May to September in 2012, the war also heated up. As the fighting season commenced in southern Afghanistan, HM3 (Fleet Marine Force) Anthony M. Juarez, from Branch Health Clinic Everett, was right in the midst helping to care for wounded personnel.

The 22-year old Bakersfield, Calif. native primary responsibility was providing emergency care transportation to incoming casualties from the flight line to the Trauma Bay. He also assisted with emergent, urgent, and specialty care with the Referral Care Center/Emergency Vehicle Operation Casualty Care section.

“I am part of a great team doing great things in a bad place,” said Juarez. “We helped whenever and wherever. We (also) provided services to the Afghan National Army, Afghan National Police and local casualties. We provide the same unbiased care to all who entered our doors.”

The escalation of fighting brought the most difficult aspect of deployment directly into focus for Juarez.

According to hospital records, there were approximately 800 battlefield casualties treated at Kandahar Air Field’s Role 3 from May through September that year— long considered to be the traditional fighting season in Afghanistan —and more than half of the cases were U.S. or other NATO troops. The rest were Afghan soldiers and civilians too badly hurt to be cared for at nearby Afghan military or civilian hospitals. Compiled statistics also show that almost half of all battlefield injuries treated at Role 3 were caused by IEDs.

“I experienced the loss of Marines, Sailors, and Soldiers. The hardest part professionally is accepting the ultimate outcome no matter what, and rationalizing in my head that I did everything I could for my patients, even though I may not feel that way personally,” Juarez explained.

A year later, when HM3 Kayla Blum, from Prescott, Arizona, arrived down range in July 2013,



she knew it was where she was needed to care for the wounded.

“This deployment is why I joined the military in the first place. I wanted to help the service members who were risking everything for our country. No matter where I worked before coming here, nothing could have prepared me for the things I saw and did here. Working in the Emergency Room and Pediatrics at NHB was a great experience, but nothing comes close to what I am able to do out here,” said Blum, who handled a number of crucial duties related to trauma care.



It was not uncommon during any trauma case for Blum to assist a surgeon, help as an ambulance driver to transport wounded from the flight line to the hospital, even leap into the back to act as the receiver to help monitor and stabilize patients until reaching the operating room.

“The days were busy when we first arrived. We saw anywhere from 10 to 20 patients. Typically those patients had gunshot wounds, and IED related injuries such as shrapnel and/or amputated limbs. I knew coming here we would be seeing some serious injuries and that a lot of the patients would be our troops. But that’s why I’m here, to do my part,” related Blum.

Hospital Corpsman 1<sup>st</sup> Class Isaac Kargbo was in his second tour at NHB when he deployed to Role 3 MMU from October, 2019 to June, 2020, serving as the leading petty officer for the Radiology Department.

“We dealt with intense trauma caring for combatant casualties, both U.S. military and NATO coalition forces, fighting to stay alive from gunshot wounds and blast injuries,” related Kargbo, from Freetown, Sierra Leone, who came to the U.S. in 2006. “From mass casualty and trauma activation, to our litter bearers bringing casualties into the trauma bay, portable X-rays, computed tomography, and finally getting them into the operating room, is a nightmare. However, the best memories are watching most casualties recover from these injuries under the noble and experienced hands of our professional Navy physicians.”

Kargbo's job often required him to work long hours or go with little to no sleep.

“The best part is being able to do what I do every day to help take care of the sick and injured combatants,” said Kargbo. “I personally volunteered for this deployment, knowing that I will be able to provide services to my fellow service members in combat. Every morning that I wake up and tie my boots, or had a sleepless night because of long hours at work, I know it’s not for nothing. Someone is getting help. That is Navy Medicine.”



Wink can also affirm that he will retain professional as well as personal accounts of Navy Medicine support to those need in a volatile, landlocked country about as far removed from the high seas as a Sailor can be.

“I’ll remember walking the hallways and seeing the absolute motivation and dedication to the mission on a daily basis. Everyone brought 100 percent every single day,” shared Wink, noting that it was a challenge being away from home during the ongoing global pandemic.

“Life changed for everyone. We were the lucky ones to only have to worry about work and sleep,” Wink continued. “We had a mission while so many others were trying to navigate COVID-19. We had a purpose every single day to battle this pandemic while also battling terrorism.”

When asked what was most gratifying about his time in Afghanistan as part of Navy Medicine, Wink replied, “Seeing the team perform. Seeing the response time and seeing everyone caring about the person to their left and right. To see the casualties who survived due to the team and the teamwork was astounding.”

The facility went through several naming iterations over the years, from ‘PFC Jerod Dennis Hospital,’ honoring the 82<sup>nd</sup> Airborne paratrooper namesake killed in action rescuing other soldiers during an ambush in 2003, to ‘Tarin Kowt Role 2E Vascular Center of Excellence and Everything Else,’ to ‘Best Care Anywhere Role 3 Multinational Hospital,’ to finally ‘NATO Role 3 Multinational Medical Unit, Kandahar Airfield.’

The name altered a bit over time, but not the mission.

Under Navy Medicine leadership, decisive, sustained trauma and casualty care was continually provided to those in need, many also far from home.

The 98 percent casualty survival rate meant that more battlefield casualties than ever before survived to make it home.

That old worn signpost made it back, too.

Along with every battle-tested man and woman from Naval Hospital Bremerton, although perhaps a bit more weathered than before.



# No masking the science and practice of CRNA efforts

*By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer – If there's one healthcare group who already considered surgical masks as de rigueur for their job before the current on-going pandemic, its Certified Registered Nurse Anesthetists (CRNAs).*



*Although the annual National Certified Registered Nurse Anesthetists (CRNAs) Week concluded at NHB/NMRTC Bremerton without much fanfare, it wasn't due to lack of respect, but because all CRNAs were simply too busy providing direct support handling the daily patient caseload throughout the hospital. Featured are (L to R) Lt. Anthony Duran, Lt. Cmdr. Lisa O'Driscoll, Capt. Shawn B. Kase, and Cmdr. Paul Cornett. Missing due to assignments are Lt. Jason Daniel and Lt. Joy Marie Bautista (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).*

CRNAs at Navy Medicine Readiness and Training Command (NMRTC) Bremerton and elsewhere are Navy Nurse Corps officers well-versed in caring for patients in a variety of acuity levels during various procedures such as surgical, obstetrical, diagnostic, therapeutic and pain management.

Their dedication to patient-centered care was acknowledged in a low-key manner with National

Certified Registered Nurse Anesthetists Week held Jan. 24-30, 2021. There was no elaborate celebration during the week. All CRNAs were too busy providing direct support for the daily patient caseload throughout the hospital.

“What the week really does is just highlight the science and practice of anesthetists, and that we have expanded the practice to the level of our training,” said Lt. Cmdr. Lisa O'Driscoll, CRNA assigned to NHB/NMRTC Bremerton.

Other CRNAs at the command are Capt. Shawn B. Kase, Cmdr. Paul Cornett, Lt. Jason Daniel, Lt. Joy Marie Bautista, and Lt. Anthony Duran.

The ongoing pandemic outbreak has placed added emphasis on the capabilities of the CRNA community.

“CRNAs are now more in demand for our expertise,” Kase said. “We’ve also been consulting since the onset of the pandemic with the command’s COVID-19 work group to establish and support any potential needs for caring of any COVID patients, bringing our experience and evidence-based practices to continue to make good decisions for all patients during the pandemic.”

CRNAs provide critical care services such as reviewing a patient’s medical history and providing anesthesia to that patient before surgery or a procedure. They monitor the patient’s vitals, and airway management during the surgery/procedure. Afterwards they oversee the patient’s recovery from the anesthesia and help provide any additional post-operative care.

“Really a lot of what we do is mitigate risk to others, our patients. The best part of our job is helping the patients,” said Duran.

“We bond with the patients and get them through (their procedure/surgery). We establish a relationship, especially in Labor and Delivery. Patients remember,” Cornett added.

CRNA Week was initially established by the American Association of Nurse Anesthetists to recognize the anesthetist profession's long history and enduring record of patient safety. Although the celebratory week of CRNA has only been around for several decades, nurse anesthetists have been delivering safe and effective anesthesia for over 150 years.

They also have a history of significant military presence and have been providing anesthesia care to U.S. service men and women on the front lines since the Civil War.

Compiled information and statistics show that nurse anesthetists are advanced practice registered nurses who administer more than 43 million anesthetics in the United States on an annual basis. CRNAs practice in every setting where anesthesia is available – at Naval Hospital Bremerton they are primarily work in such areas as Labor and Delivery, Endoscopy, the Main Operating Room, and even the Urgent Care Clinic for consultation – and are frequently the sole anesthesia professional in a vast majority of rural hospitals.

“Actually, CRNA is really the pinnacle of art and science in nursing,” stated O’Driscoll.

NMRTC Bremerton CRNAs continue with their commitment to all patients and patient safety, even if it means missing – and masking up - a designated week in their honor.



## NHB/NMRTC Bremerton Navy Chief Pinning Ceremony held Jan. 29, 2021

Over the course of an enlisted career, one of the most memorable moments is to be selected to join the ranks of the chief petty officer. Years of training, mentoring, deploying, accepting challenges – along with plenty of hard work and lessons learned have now culminated in reaching this career milestone.

No Sailor earns the right to enter the Chief's Mess without a persistent commitment to excellence. The pinning ceremony held Jan. 29 2021, has earned them the right to be called 'Navy Chief!'

HMC Jose Albarran, Director Medical Services

HMC Chad Galvin, currently haze gray underway USS Nimitz (CVN 68)

HMC Steven Head, NMRTU Everett

MCC Kyle Steckler, Public Affairs Office

CSC Miguel Escajeda, Terrace Dining Facility

HMC Ruben Valenzuela, Quality Management









